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PATENT APPLICATION FEE DETERMINATION RECORD
Substitute for Form PTO-875

Application or Docket Number: 10/808099

CLAIMS AS FILED – PART I

FOR	(Column 1) NUMBER FILED	(Column 2) NUMBER EXTRA	SMALL ENTITY RATE	FEE	OR	OTHER THAN SMALL ENTITY RATE	
BASIC FEE (37 CFR 1.16(a))				$____	OR		$
TOTAL CLAIMS (37 CFR 1.16(c))	minus 20 =		x $ 9 =			x $ 18 =	
INDEPENDENT CLAIMS (37 CFR 1.16(b))	minus 3 =		x $ 43 =			85	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(c))			+ $ 145 =		OR	+ $ 290 =	
			TOTAL		OR	TOTAL	

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED – PART II

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	SMALL ENTITY RATE	ADDI-TIONAL FEE	OR	OTHER THAN SMALL ENTITY RATE	
Total (37 CFR 1.16(c))	4	Minus	20	=	x $ 9 =		OR	x $ 18 =	
Independent (37 CFR 1.16(b))	1	Minus	3	=	x $ 43 =		OR	85 +$ 29	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ $ 145 =		OR		
					TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	RATE	ADDI-TIONAL FEE	OR	RATE	
Total (37 CFR 1.16(c))		Minus		=	X $____ =		OR	X $____ =	Total (37 CFR 1.16(c))
Independent (37 CFR 1.16(b))		Minus		=	X $____ =		OR	X $____ =	Independent (37 CFR 1.16(b))
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ $____ =		OR	+ $____ =	
					TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	

AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	RATE	ADDI-TIONAL FEE	OR	RATE	
Total (37 CFR 1.16(c))		Minus		=	X $____ =		OR	X $____ =	
Independent (37 CFR 1.16(b))		Minus		=	X $____ =		OR	X $____ =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ $____ =		OR	+ $____ =	
					TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.